

TEXAS COMMISSION ON LAW ENFORCEMENT

6330 E. Highway 290, STE. 200

Austin, Texas 78723-1035

Phone: (512) 936-7700

<http://www.tcole.texas.gov>**PETITION TO CORRECT SEPARATION OF LICENSEE REPORT****LICENSEE INFORMATION (Occupations Code 1701.4525)**

You Will Receive All Future Pleadings, Notices, and Correspondence In This Matter According to the Contact Information You Provide Below.

1. First Name Roxanne		2. M.I.	3. Last Name Mathai		4. Suffix (Jr., etc.)
5. TCOLE PID 409828	6. Date of Birth 10/16/1974	7. Home or Permanent Mailing Address 14200 Vance Jackson #20202			8. City San Antonio
9. State Texas	10. Zip Code 78249	11. Phone Number 210-887-2577		12. Email roxmathai929498@gmail.com	

AGENCY REPORTING SEPARATION

13. TCOLE Agency No. 029100	14. Agency Name Bexar Co. Sheriff's Office	15. Agency Address 200 North Comal Street, San Antonio, Texas 78207
---------------------------------------	--	---

Petition must be filed within 30 days of receipt of your copy of the Separation of Licensee Report. You must attach a copy of the F-5 Report of Separation to this petition. Do not attach any other documents. You will have an opportunity to present additional documents or evidence at your hearing.

16. Discharge designation (from separation report) Dishonorably discharged

17. Date of Separation (from separation report) 6/11/2021 Date you received your copy: 3/9/2022

18. Was a copy of the "Separation of Licensee" report sent to you within 7 business days of separation date? ☐ Yes ☒ No

19. Please indicate the type of discharge you are seeking for correction on the separation report in the space below.

Honorable discharge

I, the licensee identified above, attest that a copy of this petition, and any attached evidence was provided to agency administrator or designee within the time frame as required by Occupation Code §1701.4525(a) by the following method:

Roland P. Schuler III, Chief Of Staff

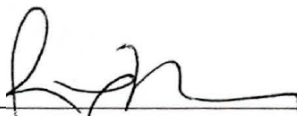
(Agency administrator or designee name)

Hand delivered on N/A
Date

Certified mail on 3/11/2022
Date

Roxanne Mathai

Licensee Name (type or print)



Signature

03/10/2022

Date

**Exhibit
5**

TEXAS COMMISSION ON LAW ENFORCEMENT
6330 E. HIGHWAY 290, STE 200, AUSTIN, Texas 78723
 Phone: (512) 936-7700
<http://www.tcole.texas.gov/>

SEPARATION OF LICENSEE (F-5)

LICENSEE INFORMATION (Occupations Code 1701.452)

Non-refundable \$35 fee for paper form. Money order, agency or cashier's check. (5541)

1. TCOLE PID [REDACTED]	2. Last Name Mathai	3. First Name Roxanne	4. M. I.	5. Suffix (Jr., etc.)
6. Date of Birth [REDACTED]	7. Home or Permanent Mailing Address [REDACTED]		8. City [REDACTED]	
9. State [REDACTED]	10. Zip Code [REDACTED]	11. Phone Number [REDACTED]	12. Email [REDACTED]	

13. APPOINTMENT

<input type="checkbox"/> Peace Officer	<input checked="" type="checkbox"/> County/Contract Jailer	<input type="checkbox"/> Telecommunicator	<input type="checkbox"/> Medical Corporation P.O.
<input type="checkbox"/> Public Security Officer		<input type="checkbox"/> Reserve Officer (licensed reserve or conditional only)	
14. TCOLE Agency Number 029100	15. Appointing Agency BEXAR CO. SHERIFF'S OFFICE		

16. DESIGNATION OF SEPARATION: (Check only one).

Report must be submitted not later than the seventh business day after the date the license holder:

(1) resigns, retires, or separates from the agency; or

(2) exhausts all administrative appeals available to the license holder if the license holder was terminated based on an allegation of misconduct. Occupations Code 1701.452.

17. Date Appointed: 8/27/2012

18. Date of Separation: 6/11/2021

☐ **Honorably Discharged**

Retired, resigned, or separated from employment with or died while employed by a law enforcement agency while in good standing and not because of pending or final disciplinary actions or a documented performance problem.

☐ **General Discharge**

(A) was terminated by, retired or resigned from, or died while employed by a law enforcement agency and the separation was related to a disciplinary investigation of conduct that is not included in the definition of dishonorably discharged; or

(B) was terminated by or retired or resigned from a law enforcement agency and the separation was for a documented performance problem and was not because of a reduction in workforce or an at-will employment decision.

☒ **Dishonorably Discharged**

(A) was terminated by a law enforcement agency or retired or resigned in lieu of termination by the agency in relation to allegations of criminal misconduct; or

(B) was terminated by a law enforcement agency or retired or resigned in lieu of termination by the agency for insubordination or untruthfulness.

ATTENTION LICENSEE:

To appeal this F-5 Report, you must complete and submit to TCOLE a "Petition to Correct" form within 30 days after receipt.

If this is your second dishonorable discharge on an F-5 Report, your license will be suspended upon TCOLE's receipt of this document. Failure to timely appeal a second dishonorable discharge with a petition to correct form will result in the revocation of your license.

19. I, chief administrator or designees, attest that this is a true and accurate explanation of the circumstances under which this person resigned or was terminated.**A copy of this F-5 was provided to the person as required by Occupations Code 1701.452, in 7 business days by:**☐ Hand delivery on _____
Date☒ Certified mail on 9/10/2021
Datefor
Roland P. Schuler III, Chief Of Staff

Agency Administrator or Designee (Type or Print)

Submitted by: cwcoffey

Signature

Date
8/30/2021